

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050557

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 381 Primary Registration District No. 7515 Registrar's No. 106

STATE FILE NUMBER

FILED DEC 24 1963

1. PLACE OF DEATH

a. COUNTY Sullivan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Milan

Length of stay in lb

4 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Sullivan Co. MemorialInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Sullivan

c. CITY OR TOWN Green City

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Rural RouteReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First Edna Middle Last Stone

4. DATE OF DEATH
Month 12 Day 13 Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

9/11/1883

9. AGE (last birthday)

81

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sales

10b. KIND OF BUSINESS OR INDUSTRY

Bakery

11. BIRTHPLACE (City and state or country)

Griffinville, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Almeron James Stone

13b. MOTHER'S MAIDEN NAME

Elzena Santee

14. NAME OF HUSBAND OR WIFE

Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

Don't know

17. INFORMANT

Mrs. Mable Ross, 3845 Sierra Grande, Pasadena, Calif.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic myocarditis

INTERVAL BETWEEN ONSET AND DEATH

30 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-13-63 to 12-13-63 and last saw her alive on 12-13-63

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

V. Robinson

D.D.

22b. ADDRESS

Milan, Mo.

22c. DATE SIGNED

12-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/16/1963

23c. NAME OF CEMETERY OR CREMATORY

St. Joseph Memorial Park Cem. St. Joseph, Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Glenn E. Fentelton, Green City, Mo.

25. DATE RECD. BY LOCAL REG.

12-18-63

26. REGISTRAR'S SIGNATURE

Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

(INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 10-50

2 10-50

3 1

4 1

5 3

6

7 1

8 2

9 22-2

10

11

12 1-2

13 20

DEC 27 1963

APR 16 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Earl R. Zent

Licensed Embalmer No. 4689

P. O. Address

Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.